



DILLS FAIR SHARE FEE RESCISSION PETITION

DO NOT WRITE IN THIS SPACE: Case No.: Date Filed:

- REQUIREMENTS:
1. A petition for rescission of an existing fair share fee provision must be filed with the PERB Sacramento regional office (address below) accompanied by at least 30 percent support of the employees in the unit covered by the fair share fee provision (Government Code 3515.7(d)).
 2. **Each** card or sheet of paper on which signatures of employees are obtained should state at the top that the undersigning employees are petitioning PERB to hold a secret ballot election to vote on rescission of the fair share fee provision in the memorandum of understanding between the (name of employee organization) and the State employer covering employees in unit (number and title). Proof of support shall conform to the requirements of PERB Regulation 32700(b), (c), (e)(3), (f) and (g).
 3. A copy of the fair share fee provision sought to be rescinded must be attached to the petition.
 4. The petition, **excluding** the proof of at least 30 percent support, must be served on the State employer and the exclusive representative. A proof of service, as defined in Regulation 32140, shall be included with the petition.

<p>1. EMPLOYER:</p> <p>State of California Department of Personnel Administration 1515 S Street, North Building, Suite 400 Sacramento, CA 95814-7243 (916) 324-0455</p> <p>Employer’s agent to be contacted:</p> <p>Title:</p> <p>Address and telephone, if different:</p> <p>() Ext. </p>	<p>2. EXCLUSIVE REPRESENTATIVE: (Name, address and telephone)</p> <p>() Ext. </p> <p>Agent to be contacted, if known:</p> <p>Title:</p> <p>Address and telephone, if different:</p> <p>() Ext. </p>
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3. NUMBER AND TITLE OF ESTABLISHED UNIT:

4. APPROXIMATE NUMBER OF EMPLOYEES IN THE ESTABLISHED UNIT:

5. INFORMATION REGARDING MEMORANDUM OF UNDERSTANDING (MOU) CONTAINING THE FAIR SHARE FEE PROVISION SOUGHT TO BE RESCINDED:

MOU EFFECTIVE DATE: MOU EXPIRATION DATE:

ARTICLE OR SECTION NUMBER OF THE FAIR SHARE FEE PROVISION:

6. AUTHORIZED AGENT OF GROUP OF EMPLOYEES FILING RESCISSION PETITION:

Name:

Address:

City: Zip: Telephone: () Ext.

I declare that the statements herein are true to the best of my knowledge and belief, that this fair share rescission petition is accompanied by proof of at least 30 percent support of the employees in the established unit, and that a copy of the fair share fee provision sought to be rescinded is attached to this petition.

PETITIONER’S AUTHORIZED AGENT: (Signature)

Title (if any): Date: